

## DIRECT PAYMENT REQUEST FORM

GET ACCOUNT NU	MBER		
Account Owner's Name			Account Owner's Social Security Number
Student Beneficiary's Name			Student Beneficiary's Social Security Number
Term: (Please select <u>or</u> □ Fall □ Spring		uitted to GET o	yeach QUARTER or SEMESTER  Year: (Please select only one)  □ Fall 2005 - Summer 2006 □ Fall 2006- Summer 2007
Distribution Amount a:  ☐ Tuition and fees Please verify amount due	\$ or	☐ On- (Student least part	e and enter the corresponding amount in dollars or units.  Campus Room and Board must be attending school at \$
	UNI		UNITS
TOTAL AMOUNT REQUESTED	\$or	Please ve	erify due date and allow at least 2 weeks processing time.
out the Reimbursement Req	uest Form.)	the address you	out-of-pocket. To request reimbursement from GET, please fill provide for the school (typically for the Cashier).  Address
City	State		Zip Code
<ul> <li>In compliance with the Privacy Act of 1974 personally identifiable security number, for process of issuing distribution of the Privacy Act of 1974 personally identifiable security number, for process of issuing distribution of the Privacy Act of 1974 personal security number of the Privacy Act of 1974 personal security number of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of issuing distribution of 1974 personal security number, for process of 1974 personal security number, for</li></ul>	count owner on this GET he Family Educational I (FERPA), I authorize the information, includited identification purposes ributions from my GET action of the sequent is to pay for as defined by International that I am respective expenses for which the or non-qualified, and for ings penalty for not	Rights and the use of ing social during the ccount.  qualified 1 Revenue onsible for hese funds r reporting n-qualified	GET account, as well as the balance owed on my school account and the tuition due dates.  I have verified the payment amount due.  Charges not covered by GET funds are my responsibility and that at the discretion of the institution, late fees may accrue on past due charges.  If I withdraw from school, non-refundable fees and tuition owed to the school will be paid from GET distributions. Overpayments to schools due to withdrawal or dropped classes will not be returned to the GET account and may have tax consequences when refunded to the student.
distributions on my educational expenses i and equipment require at an eligible educa qualified and non-qual	federal tax return. include the costs of books ed for the enrollment or ational institution. IRS lified higher education ex ov/pub/irs-pdf/p970.pdf.	attendance rules on	remaining in the student beneficiary's GET account for the academic year of the request.  I read and understand the above statements and authorize
distributions on my educational expenses in and equipment require at an eligible educa qualified and non-qual	federal tax return. include the costs of books ed for the enrollment or itional institution. IRS lified higher education ex	s, supplies, attendance rules on	remaining in the student beneficiary's GET account for the academic year of the request.